

**COUNTY OF SAN LUIS OBISPO BOARD OF SUPERVISORS
AGENDA ITEM TRANSMITTAL**

(1) DEPARTMENT Behavioral Health	(2) MEETING DATE 2/2/2016	(3) CONTACT/PHONE Juan Munoz-Morris (805) 781-4064	
(4) SUBJECT Request to approve the Mental Health Services Act (MHSA) Innovation Component Plan for FY 2016-17 through FY 2019-20 in the amount of \$1,919,936. All Districts.			
(5) RECOMMENDED ACTION It is recommended that the Board approve the Mental Health Services Act Innovation Component Plan for FY 2016-17 through FY 2019-20, in the total amount of \$1,919,936.			
(6) FUNDING SOURCE(S) MHSA	(7) CURRENT YEAR FINANCIAL IMPACT \$0.00	(8) ANNUAL FINANCIAL IMPACT \$539,639.00	(9) BUDGETED? Yes
(10) AGENDA PLACEMENT <input checked="" type="checkbox"/> Consent <input type="checkbox"/> Presentation <input type="checkbox"/> Hearing (Time Est. ____) <input type="checkbox"/> Board Business (Time Est. ____)			
(11) EXECUTED DOCUMENTS <input type="checkbox"/> Resolutions <input type="checkbox"/> Contracts <input type="checkbox"/> Ordinances <input checked="" type="checkbox"/> N/A			
(12) OUTLINE AGREEMENT REQUISITION NUMBER (OAR) N/A		(13) BUDGET ADJUSTMENT REQUIRED? BAR ID Number: N/A <input type="checkbox"/> 4/5 Vote Required <input checked="" type="checkbox"/> N/A	
(14) LOCATION MAP N/A	(15) BUSINESS IMPACT STATEMENT? No	(16) AGENDA ITEM HISTORY <input checked="" type="checkbox"/> N/A Date: _____	
(17) ADMINISTRATIVE OFFICE REVIEW Morgan Torell			
(18) SUPERVISOR DISTRICT(S) All Districts			

County of San Luis Obispo



TO: Board of Supervisors

FROM: Jeff Hamm, Health Agency Director
Anne Robin, LMFT, Behavioral Health Administrator

DATE: 2/2/2016

SUBJECT: Request to approve the Mental Health Services Act Innovation Component Plan for FY 2016-17 through FY 2019-20 in the amount of \$1,919,936. All Districts.

RECOMMENDATION

It is recommended that the Board approve the Mental Health Services Act (MHSA) Innovation Component Plan for FY 2016-17 through FY 2019-20, in the total amount of \$1,919,936.

DISCUSSION

The Mental Health Services Act (MHSA) was enacted into law on January 1, 2005. This followed the passage of Proposition 63 in November 2004, which proposed a 1% tax on adjusted annual income over \$1,000,000 to fund MHSA services. The MHSA is dedicated to transforming the public mental health system and seeks to reduce the long-term adverse impact from untreated serious mental illness. MHSA funds are divided into five distinct components: Community Services and Supports, Prevention and Early Intervention, Capital Facilities and Technology, Workforce Education and Training, and Innovation. The proposed FY 2016-2020 Innovation Plan, like the other component plans, was developed through a prescribed, two year community planning process. Approved by stakeholders in April of 2015, the plan was given a 30-day public review (starting December 18, 2015), and was approved by the Behavioral Health Board on January 20, 2016 to be submitted to the Board of Supervisors for approval. It will then go to the State for final approval, as explained further below.

The Innovation component of MHSA is the most unique. As defined by the State Department of Health Care Services, an Innovation project is one that contributes to learning, rather than providing a service. Innovation projects must be novel, new, and creative, and not duplicated in another community. Projects and practices that have previously demonstrated their effectiveness in other mental health settings and do not add to the learning process are not eligible for funding under Innovation. Innovation funding was created for the purposes of developing a new mental health practice, testing models, evaluating these models, and sharing results with the statewide mental health system.

Innovation projects are similar to pilot or demonstration projects and are subject to time limitations to assess and evaluate their efficacy. Innovation funds are not intended for longitudinal studies or ongoing services. By their very nature, not all Innovation projects will be successful, yet many beneficial lessons can be learned, ultimately leading to MHSA's goal of system transformation.

As required by the State Department of Health Care Services, the development of the Innovation plan was overseen by the local MHSA Innovation Stakeholder Planning Team, which was responsible for guiding the planning process, analyzing community input, and selecting projects in accordance with community priorities. The Planning Team consisted of representation from consumers, families, the Behavioral Health Board, community-based providers, education, criminal justice, medicine, Latino Outreach, and the San Luis Obispo County Behavioral Health Department. The State's Mental Health Services Oversight and Accountability Commission (MHSOAC), which will provide the final approval of the plan's funding, has been consulted by staff and provided clear direction and feedback. This thorough screening and approval process is designed to assure that the selected trial programs reflect the community's specific issues, and that the plan

demonstrates involvement from priority populations.

Below is a summary of the four Innovation projects. The entire Innovation plan is included in Attachment 1 and can also be viewed via the web link below:

<http://www.slocounty.ca.gov/Assets/MHS/MHSA/Draft+30-Day+Innovation+Plan+Review.pdf>

Defining Peer Support: Effective Peer Mentorship for Latino Women: This Innovation project tests a change to the existing practice of peer support in the mental health system by providing a more concrete definition for who constitutes a “peer mentor.” It is expected that this project will standardize the definition of a “peer mentor,” in order to increase the effectiveness of their work. In particular, this project will test this hypothesis with an under-reached, under-served population (Latino women who are victims of domestic violence) that constitutes an ever-growing fraction of the State’s citizenry. Although peer advocacy is not a new practice, and its effectiveness in improving treatment outcomes is widely documented, there is no standard definition for a “peer mentor” within the mental health system of care.

Late Life Empowerment and Affirmation Program (LLEAP): The Late Life Empowerment and Affirmation Program (LLEAP) project aims to provide older adult women mental health services and tools to help them become the head of household and feel self-empowered after the loss of a spouse. The project would not focus on bereavement, as there are programs that address this already; rather, LLEAP would focus on improving mental health by providing tools that help clients feel empowered and confident, while reducing the risk of isolation and depression. The project uses a skill development approach to engage widows socially, and provides a setting where they can find comfort and affirmation among peers.

Transition Assistance and Relapse Prevention (TARP): The effectiveness of peer mentorship is widely documented. However, peers have not been used in the transition from wraparound services to more independent models of care and treatment. This project employs a model that is successful in other contexts such as inmate reentry or post-acute physical care, and applies it to adults enrolled in intensive mental health services. It is anticipated that this project will determine the effectiveness of peer mentorship in the transition from Full Service Partnership (FSP) programs into a self-supported, community-based model. If successful, this approach could increase the capacity of FSP providers to offer these services to more clients who need them, while maintaining a high level of quality throughout the spectrum of treatment.

Not for Ourselves Alone: Trauma Informed County of SLO: The “Not for Ourselves Alone” Innovation project provides trauma-informed care training across public agencies and programs in the County of San Luis Obispo, with the intention of building capacity and increasing interagency collaboration to best serve the citizenry. Community members with trauma are not served by health and social service agencies alone. They interact with County representatives in the libraries, at the tax collector’s window, in parks, in courts, using the airport, as well as those involved with probation, jail, and the Sheriff’s Department. These organizations are relied on to provide customer service based on traditional government models. This project asks the entire County to learn about trauma and how it may impact its constituents – including its own employees. This understanding will lead to better, more informed public engagement and customer service. Essentially, the Behavioral Health Department is proposing an Innovation project that takes a concept and practice which has already found success within mental health services and adapting it to work in structures outside the public mental health system.

OTHER AGENCY INVOLVEMENT/IMPACT

As required by the Act, the identification of these MHSA Innovation projects involved collaboration and review by local stakeholders through the Innovation community planning process, including consumers, family members, priority populations, providers, and system partners. Going forward, collaboration will include the opportunity for local agencies and providers to participate in Innovation project testing.

FINANCIAL CONSIDERATIONS

MHSA will fund 100% of the Innovation Plan. Potential revenue from Medi-Cal or other sources may be discovered post-commencement. This action does not impact the level of General Fund support for the Department.

INN Project Budgets	FY 16-17	FY 17-18	FY 18-19	FY 19-20	Total
Defining Peer Support	\$181,795	\$185,177	\$188,461	\$60,275	\$615,708
Late Life Empowerment & Affirmation	99,767	101,408	105,236	37,899	344,311
Transition Assistance & Relapse Prevention	94,330	93,635	95,011	35,500	318,475
Not for Ourselves Alone	163,747	185,711	188,681	103,302	641,441
Total INN Budget	\$539,639	\$565,931	\$577,390	\$236,976	\$1,919,936

RESULTS

Since the primary goal of Innovation is learning, the intended outcomes and outputs may evolve as the pilots are tested. Evaluation is the core of Innovation, and project success will be measured by a variety of methods including but not limited to the following: surveys of program participants and providers, focus groups, and interviews. The primary learning goals and estimated outcomes and outputs are outlined below:

Defining Peer Mentorship in the Mental Health System – This project will test two innovative approaches to working with Latino women who are victims of domestic violence (DV), and who also exhibit moderate or greater mental health needs.

Outputs:

- 120 clients will receive peer-driven counseling and support annually
- Three 12-week courses will be offered per quarter
- Clients will determine which peer, if any, is most effective in addressing their needs
- Clients will determine the effectiveness of self-managed support groups when combating stigma and other barriers for treatment

Outcomes:

Clients are expected to report similar results in treatment to those experienced by clients working with licensed staff. Additionally, clients will score the peer mentors, and help determine how to best define a peer advocate/mentor in relation to the client served. This project will also demonstrate the effectiveness of client-managed support groups in relation to long-term recovery beyond the treatment program.

Late Life Empowerment and Affirmation Program (LLEAP) – The Late Life Empowerment and Affirmation Program (LLEAP) will test whether a curriculum developed for victims of domestic violence (DV) can be adapted to meet the needs of older adult women who have lost their spouse and are feeling overwhelmed by having to be the “head of household.”

Outputs:

- 25 clients will receive transitional assistance annually
- 30% of clients will demonstrate reduced levels of depression and an increase in protective factors (social engagement, family support)

Outcomes:

Participants are expected to report on a reduction in their levels of depression, as well as feeling better equipped to manage daily tasks, as a means of living independently without the need for long term care. Participants will also report on the efficacy of ancillary services (Tai Chi, Yoga, etc.) as it relates to their ongoing recovery and wellbeing.

Transition and Relapse Prevention Project (TARP) – This innovation seeks to learn if rates of recidivism and relapse are reduced by embedding peer mentors with Full Service Partnership (FSP) adult clients preparing to “graduate.”

Outputs:

- 15-20 clients will receive transitional assistance annually
- 2 peer advocates will be trained and evaluated for personal improvements
- Relapse and recidivism rates will decrease among program participants, as compared to traditional rates for clients receiving no transitional assistance

Outcomes:

Participants are expected to report an improvement in the process of transitioning to a self-supported system of care, as evidenced by lower relapse and recidivism rates, obtaining and keeping housing/employment, and demonstrating follow-through on their plans and goals (i.e.: seek out education and training)

Not for Ourselves Alone: A Trauma Informed County – The “Not for Ourselves Alone” Innovation will provide trauma-informed care training across general, non-health-social service, agencies and programs in the County of San Luis Obispo, with the intention of building capacity and increasing interagency collaboration to best serve the citizenry.

Outputs:

- 600 public employees will receive Trauma Informed Care training
- Customer service ratings for individual agencies will increase by 25%, as measured by customer surveys.

Outcomes

Participants are expected to report an increase in empathy-driven responses to traumatic events with community members. This new approach is expected to reduce the number of incidents that escalate to higher risk situations (potentially involving law enforcement), and improve inter-agency collaboration as it relates to mental health needs when serving the citizenry.

As outlined by MHSOAC, the primary learning priorities for all Innovation projects are to increase access to underserved groups, increase the quality of services, including better outcomes, promote interagency collaboration, and increase access to services. By seeking to discover new ways of achieving these goals, the Behavioral Health Department's Innovation Plan contributes to San Luis Obispo County's desired outcomes including those of a healthy, prosperous, safe, and well-governed community.

ATTACHMENTS

1. Innovation Plan for FY 2016-2020